



CITY OF CINCINNATI INCOME TAX DIVISION
TAXPAYER INFORMATION WORKSHEET

Mail worksheet to:
Cincinnati Income Tax Division

805 Central Avenue Suite 600
Cincinnati OH 45202-5799

Your Name: _____ SSN: _____

Home Phone: () _____ Work Phone: () _____

RESIDENTIAL ADDRESSES (Complete worksheet for the past six years)

Date From	Date To Present	Street Address/City/State	Zip Code
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Spouse's Name: _____ SSN: _____

Home Phone: () _____ Work Phone: () _____

RESIDENTIAL ADDRESSES (Complete worksheet for the past six years)

Date From	Date To Present	Street Address/City/State	Zip Code
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

EMPLOYMENT/INCOME HISTORY (Complete worksheet for past six years)

Date From	Date To Present	Name of Employer/Income Source	Zip Code
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

EMPLOYMENT/INCOME HISTORY (Complete worksheet for past six years)

Date From	Date To Present	Name of Employer/Income Source	Zip Code
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

SUPPLEMENTAL INFORMATION:

- 1) Do you and/or your spouse receive Form K-1 income from a partnership or an S-Corporation? (circle option) **YES** **NO**
- 2) Do you own rental property? (circle option) **YES** **NO**
- 3) If YES, what was the date of purchase? _____ What do you collect monthly for rent from the property? \$ _____
- 4) Have you or your spouse been self-employed within the past six years? (circle option) **YES** **NO**
- 5) If YES, provide specific dates: From _____ To _____

SIGNATURE--I certify that the above information is true and accurate.

Your Name Date

SIGNATURE--I certify that the above information is true and accurate.

Spouse's Name Date